MAY 1:5 2006



OFFICIAL COMMUNICATION

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DATE:

5/15/06

TO:

Amendment

Commissioner for Patents

ATTN:

Examiner: Albert Paladini

Art Unit: 2125

FAX NUMBER: (571) 273-8300

FROM:

Andrea L. Mays, Attorney for Applicant

Registration No. 43,721

Total Number of Pages Sent:

12

(including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 010379

ENCLOSED ARE:

- Amendment (8 pages)
- Petition to Revive (2 pages)
- Transmittal (in duplicate)

APPLICANT: Corbaton, et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 10/057,441 FILED: January 25, 2006

FOR: SYSTEMD AND METHOD FOR WIRELESS SIGNAL TIME OF ARRIVAL

Please contact Victoria J. Pacey at (858) 651-3411 if all pages do not transmit.

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T-538 P.002/012 F-646

PTO/SB/21

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U.S. Department of Commerce Patent and Trademark Office PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Customer No.: 23696

Attorney Docket No.: 010379 in Re Application of: Corbaton, et al.

Serial Number: 10/057,441

Filed: 1/25/02

Examiner: Albert Paladini Group Art Unit: 2125

Dear Sir.

Transmitted herewith for filing is a Response to Office Action in the above identified application.

Total* 20 23 0 x \$50 = \$0 Independent ** 6 3 3 3 x \$200 = \$600 Multiple Dependent Claim(s):	CLAIMS	(a) Number				
Independent** 6 3 3 3 x \$200 = \$600 Multiple Dependent Claim(s): ☐ Yes ☒ No \$360 \$ ☐ One Month \$120 \$ ☐ EXTENSION FEES ☐ Two Months \$450 \$ ☐ Three Months \$1020 \$ PETITION TO REVIVE \$130 \$1500 *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 20, enter 0 in column a c. *If the number in column a is less than 20, enter 0 in column a c. *If the number in column a is less than 20, enter 0 in column a c. *If the number in column a is less than 20, enter 0 in column a c. *If the number in column a is less than 20, enter 0 in column a c. *If the number in column a is less than 20, enter 0 in column a the substitute of the substitute of the substitute of the subs		Remaining After	Number Previously Pa	Extra	Large Entity Fee	Fee Paid
Multiple Dependent Claim(s): ☐ Yes ☒ No	Total*	20		0	x \$50 =	\$0
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*If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. 4. Fee check in the amount of is enclosed to pay for any claim and/or extension fees. 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$2100.00. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee proced. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 Cto 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorized. Date: May 15, 2006 Signature: Andréa L. May 3, Reg. No. 43,721 (Phone No. (858) 651-8546 Authority Patent Department 5775 Morchouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787				Three Months	\$1020	\$
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· · · · · · · · · · · · · · · · · · ·	<u></u>			Signature:		M Jan
CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is, on the date shown below, being: MAILING FACSIMILE deposited with the United States Postal Service with sufficient postage as first class mail, in an Trademark Office.	Atm: Patent Dept 5775 Morehouse I San Diego, Califo Telephone:	artment Drive mia 92121-1714			Phone No. (858) 651-85	o. 43,721 <i>(</i>
onvelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 1450. Depositor's Name: Victoria J. Pacev (ype or print name) (type or print name) Signature: Victoria J. Pacev (ype or print name)	Attn: Patent Depa 5775 Morehouse I San Diego, Califo Telephone: Facsimile: I hereby certify the	artment Drive mia 92121-1714 (858) 658-5787 (858) 658-2502 CERTIFICA at this corresponder MAILING the United States at postage as first cla	nce is, on the da Postal Service ass mail, in an	ite shown below, b	Phone No. (858) 651-854 SSION (37 CFR 1.8(a)) eing: FACSIMILE mitted by facsimile to the	

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